



## CIAF CHILDREN’S PROGRAM APPLICATION

**APPLICANT MUST BE A U.S. CITIZEN**

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ASSISTANCE**

Information that you provide will be kept strictly confidential. If this application is selected for assistance, the resulting transaction, and any claim or dispute arising out of such transaction, shall be governed by the laws of the state of Illinois. If you have already been awarded, or have sought cochlear implant equipment from another organization (such as the CNI), and are applying for financial assistance for surgical, hospital, or other CI related fees only, please do not apply.

CIAF accepts applications for equipment assistance only. CIAF provides NO monetary assistance whatsoever nor any funding for cochlear implant surgery. All requests for equipment must be verified by the patient’s doctor or audiologist. Processors and most equipment will be sent directly to the patient’s CI center for programming.

Completed applications may be mailed or e-mailed to CIAF:

The Cochlear Implant Awareness Foundation  
**Attention: Ivy Molen,**  
1413 S MacArthur Blvd, Springfield, IL 62704

e-mail: [Ivy@District23.com](mailto:Ivy@District23.com)

### RECIPIENT INFORMATION

Full Name (PLEASE PRINT)

Shipping Address (Unable to ship to PO boxes)

City  State  Zip/Postal Code

Country

Email

Phone

Child’s Date of Birth

### APPLICANT’S PERSONAL STATEMENT

If the applicant is between 13 and 18 years of age, both the applicant and a guardian should write separate statements. If the applicant is less than 13 years of age, a statement from a guardian is sufficient. Please state how you think the support for which you are applying will improve/enhance the life of the applicant socially, educationally, professionally, etc. You may use extra paper if needed.

PLEASE ONLY MARK WHAT YOU NEED TO BE ABLE TO HEAR AGAIN:

**I am a Cochlear Implant Recipient** (if you are a Cochlear Implant recipient, please fill out the information in the section below)

My type of Internal Implant:

**Claiming an Advanced Bionics Harmony Sound Processor**

PLEASE CHECK ONLY THE ITEMS THAT ARE BEING CLAIMED AS LOST OR BROKEN BELOW:

Side of processor being claimed:  Left  Right  
Processor Serial #:   
Sound processor color:  Silver Metallic  Dark Sienna Metallic  Beige  
Headpiece color (CI-5304):  Silver Metallic  Dark Sienna Metallic  Beige  
Coil Cable length:  4.25"  5.5"  9.5"  12"  
Battery type:  Powercel Plus (CI-5540)  Powercel Slim (CI-5520)

**Claiming an Advanced Bionics Auria Sound Processor**

PLEASE CHECK ONLY THE ITEMS THAT ARE BEING CLAIMED AS LOST OR BROKEN BELOW:

Side of processor being claimed:  Left  Right  
Processor Serial #:   
Sound processor color:  Silver Metallic  Dark Sienna Metallic  Beige  
Headpiece color:  Silver Metallic  Dark Sienna Metallic  Beige  
Cable/coil length:  4.25"  5.5"  9.5"  12"  
Battery type and color: (choose one)  
 Powercel Plus (CI-5540)  Powercel Slim (CI-5520)  I have an Auria Powerpak

**Claiming an Advanced Bionics Platinum Series Sound Processor**

PLEASE CHECK ONLY THE ITEMS THAT ARE BEING CLAIMED AS LOST OR BROKEN BELOW:

Side of processor being claimed:  Left  Right  
Processor Serial #:   
Headpiece cable color:  Beige  Brown  
Headpiece cable length:  18"  24"  32"  42"  48"

**CLINIC/AUDIOLOGIST INFORMATION**

Clinic Name  Primary Audiologist

Mailing Address

City  State  Zip/Postal Code

Country

Clinic Email

Clinic Phone

Please explain why the recipient is out of sound:

Please explain what assistance you have sought thus far. Do you have any insurance, or spoken to your clinic to see if you can get a loaner?

How long has the recipient been out of sound?